MID-QUARTER STATUS REPORT

For Cash Aid and Food Stamps

RECIPIENT'S NAME:	CASE NUMBER (IF KNOWN):
Use this form (QR 7/SAWS 0	n to report mandatory or voluntary changes that have occurred since your last Quarterly Repor QR 7).
If you are repo	orting income information, please provide proof, such as, pay stubs; copies of checks; letters from agencies
If you are repo	orting changes in expenses, please provide proof, such as, receipts; canceled checks, paid invoices; etc.
	orting an address change, please provide proof of expenses such as, a copy of your new rental agreement of eipt for your new address; copies of utility deposits; etc.
MANDATORY	INFORMATION
	e Cash Aid, report the information marked CA. if you receive Food Stamps, report the information The change of address and voluntary information sections are for all households/assistance units.
CA \square	My combined household income is more than the limit for my household size.
	In the month of, the total combined income for my household is \$
C A	
CA \square	Someone in my household is a convicted drug felon. Name of person
	Date of felony conviction
CA \square	Someone in my household is running from the law to avoid a felony conviction; running from the law,
	to avoid custody or confinement after a felony conviction; or is in violation of probation or parole.
	Name of person
CA/FS	I have moved, changed my phone number or have a new mailing address.
	New home address
	New mailing address (if different from your home address)
	New phone number ()
	☐ I receive free rent at this new address. ☐ I receive free utilities at this new address.
	☐ My rent amount is \$ per month. ☐ My utilities are \$ per month.
	☐ I share the rent (explain) ☐ Heating ☐ Cooling
	☐ Water ☐ Sewer ☐ Garbage ☐ Telephone
	☐ Other
	See other side

MANI	DATORY	INFORMATION - continued
FS		Complete this section to report reduced work or training hours for Able-Bodied Adults without Dependents (ABAWDs):
		The number of hours worked or in training dropped below 20 hours a week or 80 hours a month to hours per week or hours per month.
		Name of person(s)
		Relationship to you
		Explain what happened
		Date of change
VOLU	INTARY	INFORMATION (All households/Assistance Units)
I wou	d like to	report the following information:
		CERTIFICATION
statu	s to get	AND THAT: If on purpose I do not report all facts or give wrong facts about my income, property, or family or keep getting aid or benefits, I can be legally prosecuted. And, I may be charged with committing a felony \$400 in cash aid and/or food stamps is wrongly paid out.
		ler penalty of perjury under the laws of the United States and the State of California that the facts contained are true and correct and complete.
WHO	MUST OW:	SIGN For Cash Aid: you, your aided spouse or CA Domestic Partner and the other parent (of cash aided children) if living in the home. For Food Stamps: the head of household, household member or the household's authorized representative.
Signa	ature or M	flark Date Signed Home Phone Contact Phone
		Spouse or CA Domestic Partner or Date Signed Signature of Witness to Mark, interpreter or Date Signed other person completing form